State of Vermont Office of Risk Management 2 Governor Aiken Avenue Montpelier, VT 05633-5801 (802) 828-3314 (802) 828-1269 fax riskhelp@state.vt.us



STATE EMPLOYEE	DEPARTMENT		ADDRESS	PHONE
INFORMATION	Owner of Premises		OCCUPANT IN CONTROL	
	IS OCCUPANT'S LEASE DIRECT FROM OWNER OR ANOTHER LESSEE (COPY OF LEASE ATTACHED)			
PREMISES	DATE & TIME	PLACE		
	DATE FIRST NOTIFIED	By Whom		
DESCRIPTION OF				
ACCIDENT				
OCCURRENCE				
Geediative				
WEATHER CONDITIONS				
INJURED PERSON	NAME	Address		PHONE
	INJURY	Doctor	AMBULANCE	HOSPITAL
	MECHANICAL DEFECT (KIND)	Fore	IGN OBJECT OR DEBRIS INVOLVED	
PROBABLE CAUSE OF	WHEN CONDITION FIRST KNOWN			
ACCIDENT OCCURRENCE	REMARKS (INCLUDE PERSON OR PARTIES RESPONSIBLE FOR REPAIRS)			
OCCURRENCE				
FALL DOWN	TIME FLOOR LAST SWEPT OR MOPPED		PERSON RESPONSIBLE FOR CLEAN	NG (NAME & ADDRESS)
PROPERTY	Owner	Address		PHONE
DAMAGE	DESCRIPTION OF PROPERTY		ESTIMATED COST OF REPAIR	
WITNESS	NAME	Address		PHONE

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DDCDADCD:	DATE:
FREPARER.	DATE.

Revised 2/2009